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**DECLARATION (37 CFR 1.63) FOR
UTILITY OR DESIGN APPLICATION
USING AN APPLICATION DATA SHEET
(37 CFR 1.76)****Attorney Docket No.****0293.99R****First Inventor****Eric H. Erickson Jr. et al.****Title****Control of Parasitic Mit s
of Honey Bees****Express Mail No. /
Mailing Date****EF408136155US
February 27, 2002**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

☒ The attached application, or☐ Application No. _____, filed on _____,☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)Inventor one: ERIC H. ERICKSON JR.Signature: _____ Citizen of: USInventor two: GLORIA DEGRANDI-HOFFMANSignature: _____ Citizen of: USInventor three: CHRISTIAN G. BECKERSignature: _____ Citizen of: FRANCEInventor four: ROY S. WHITSONSignature: _____ Citizen of: US☒ Additional inventors are being named on 1 additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Express Mail No. / Mailing Date	EF408136155US February 27, 2002

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FULL NAME OF INVENTOR(S)Inventor one: THOMAS A. DEEBYSignature: _____ Citizen of: US

Inventor two: _____

Signature: _____ Citizen of: _____

Inventor three: _____

Signature: _____ Citizen of: _____

Inventor four: _____

Signature: _____ Citizen of: _____

☐ Additional inventors are being named on _____ additional form(s) attached hereto.

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

First Named Inventor

Eric H. Erickson Jr. et al.

Title

Control of Parasitic Mites of Honey Bees

Group Art Unit

Examiner Name

Attorney Docket Number

0293.99R

Express Mail No. / Date

EF408136155US /
February 27, 2002

I hereby appoint:

☒ Practitioners at Customer Number

OR

☐ Practitioner(s) named below:

25278

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Address

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Zip

Country

Telephone

Fax

I am the:

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Eric H. Erickson Jr.

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 5 forms are submitted. **Pg 1 of 5**

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Name

Gloria DeGrandi-Hoffman

Signature

Date

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SIGNATURE of Applicant or Assignee of Record

Name	Christian G. Becker
Signature	
Date	

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Name	Roy S. Whitson
Signature	
Date	

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Thomas A. Deeby

Signature

Date

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